

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Goleta PAC, Sponsored by: Goleta Valley Chamber of Commerce		Date of This Filing 10/22/2014	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
ARFA CODE/PHONE NUMBER (818) 260-0669	I.D. NUMBER (if applicable) 1305904	Report No. 102114PM	CITY OF GOLETA CALIFORNIA	
STREET ADDRESS 5662 Calle Real, #204		<input type="checkbox"/> Amendment to Report No. (explain below)	OCT 23 2014	RECEIVED
CITY Goleta	STATE CA			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/20/2014	Members dues, Goleta PAC is the intermediary for all dues, each member pays less than \$100/year. 5662 Calle Real, #204 Goleta, CA 93117	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
08/29/2014	Glynne Couvillion 690 Lilac Drive Santa Barbara, CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ophthalmologist Glynne C. Couvillion, MD	-5,000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

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10/22/14 12:10p

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AREA CODE/PHONE NUMBER (818) 260-0669	I.D. NUMBER (if applicable) 1305904	Report No. <u>102116PM</u>		
STREET ADDRESS 5662 Calle Real, #204		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Goleta	STATE CA	ZIP CODE 93117	No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/21/2014	Phebe Mansur for Goleta Sanitary District 2014 (ID# 1371920) 5710 Hollister Avenue #101 Goleta, CA 93117	Phebe Mansur Goleta Sanitary District: Goleta, CA	2,500.00	11/04/2014

Reason for Amendment: _____

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